

FEE TRANSMITTAL for FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

Application Number	10/039,062
Filing Date	December 31, 2001
First Named Inventor	William R. Matz
Examiner Name	Sean Reilly
Art Unit	2153
Attorney Docket No.	BS01376

TOTAL AMOUNT OF PAYMENT **\$1,020.00**
METHOD OF PAYMENT (check all that apply)
☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other
☐ Deposit Account Deposit Account No. 19-2167

Deposit Account Name:

The Director is authorized to: (check all that apply)
☒ Charge fee(s) indicated below
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

☐ Charge fee(s) indicated below, except for the filing fee
☒ Credit any overpayments

FEE CALCULATION
1. BASIC FILING, SEARCH, AND EXAMINATION FEES
FILING FEES

Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)
Utility	300	150	500
Design	200	100	100
Plant	200	100	300
Reissue	300	150	500
Provisional	200	100	0

SEARCH FEES

Small Entity Fee (\$)	Fee (\$)
250	200
50	130
150	160
250	600
0	0

EXAMINATION FEES

Small Entity Fee (\$)	Fees Paid (\$)
100	—
65	—
80	—
300	—
0	—

2. EXCESS CLAIM FEES
Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)
—	—	—

- 20 or HP =

x

Fee Paid (\$)
—

=

Fee (\$)
Small Entity Fee (\$)

50

25

200

100

360

180

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

HP=highest number of independent claims paid for, if greater than 3.

Indep. Claims	Extra Claims	Fee (\$)
—	—	—

- 3 or HP =

x

Fee Paid (\$)
—

=

HP=highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250.00 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Fee (\$)
—	—	—

- 100 =

/ 50

(round up) x

Fee (\$)
Fee Paid (\$)

=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 3 Month Extension of Time

Fee Paid (\$)

1,020.00

SUBMITTED BY:
Complete (if applicable)

Name (Print/Type)	Bambi F. Walters	Registration No.	45,197	Telephone:	(757) 253-5729
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(Attorney/Agent)

Signature

Bambi F. Walters

Date

August 17, 2005

FEE TRANSMITTAL for FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

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Examiner Name	Sean Reilly
Art Unit	2153
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Each independent claim over 3 (including Reissues)

Multiple dependent claims

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Extra Claims

Fee (\$)

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Fee Paid (\$)

=

Fee (\$)

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25

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360

180

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

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Indep. Claims

- 3 or HP =

Extra Claims

Fee (\$)

x

Fee Paid (\$)

=

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Total Sheets

- 100 =

Extra Sheets

/ 50

(rounded up) x

Fee (\$)

=

Fee Paid (\$)

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Other (e.g., late filing surcharge):

3 Month Extension of Time

Fee Paid (\$)

1,020.00

SUBMITTED BY:

Name (Print/Type)

Bambi F. Walters

Registration No.
(Attorney/Agent)

45,197

Complete (if applicable)

Telephone:

(757) 253-5729

Signature

Bambi F. Walters

Date

August 17, 2005

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AUG 17 2005

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission: 15

Application Number 10/039,082

Filing Date December 31, 2001

First Named Inventor William R. Matz

Art Unit 2153

Examiner Name Sean Reilly

Attorney Docket Number BS01376

ENCLOSURES

(Check all that apply)

☒ Fee Transmittal Form☒ Fee Attached☒ Amendment/Reply☐ After Final☐ Affidavits/declaration(s)☒ Extension of Time Request☐ Express Abandonment Request☐ Information Disclosure Statement☐ Certified Copy of Priority Document(s)☐ Response to Missing Parts/Incomplete Application☐ Response to Missing Parts under 37 CFR 1.52 or 1.53☐ Drawing(s)☐ Licensing-related Papers☐ Petition☐ Petition to Convert to a Provisional Application☐ Power of Attorney, Revocation
Change of correspondence Address☐ Terminal Disclaimer☐ Request for Refund☐ CD, Number of CD(s)☐ After Allowance Communication to Group☐ Appeal Communication to Board of Appeals
and Interferences☐ Appeal Communication to Group
(Appeal Notice, Brief, Reply Brief)☐ Proprietary Information☐ Status Letter☐ Other Enclosure(s) (please identify below):
3 month Extension of Time

Remarks: This Reply is a Response to the February 18, 2005 Office Action

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Name (Print/Type)

Bambi Faivre Walters

Reg. No.:

45,197

Signature



Date

August 17, 2005

CERTIFICATE OF TRANSMISSION / MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, PO Box 1450, Alexandria, VA 22313-1450 on the date shown below.

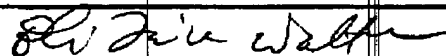
Name (Print/Type)

Bambi Faivre Walters

Date

August 17, 2005

Signature



BEST AVAILABLE COPY